

PATENT APPLICATION SERIAL NO. **10/518424**

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

Repln. Ref: 07/01/2005 JANDERSO 0016054900
DAH:180908 Name/Number:10518424
FC: 9204 \$100.00 CR

07/01/2005 JANDERSO 00000003 10518424

01 FC:16-2 400.00 OP

12/29/2004 MXAYPAGH 00000066 10518424

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1206	110.00 OP

02 FC:1632 -500.00 OP

Repln. Ref: 07/01/2005 JANDERSO 0016340300
DAH:180908 Name/Number:10518424
FC: 9204 \$110.00 CR

04 FC:1206 -110.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/518424</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">8</td> <td style="width: 20px;">8</td> </tr> </table>			1	8	--	0	9	8	8
1	8	--	0	9	8	8					
11 REFUND REQUESTED BY: _____											
TYPED/PRINTED NAME: <u>John Anderson</u>			TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>308-9140 ext 211</u>								
OFFICE: <u>PCT - DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____			DATE: _____								

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